DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTER FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **04-13**

2. STATE: **ILLINOIS**

3. PROGRAM IDENTIFICATION: **Title XIX of the Social Security Act (Medicaid)**

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **August 1, 2004**

5. TYPE OF PLAN MATERIAL *(Check One)*

[ ] NEW STATE PLAN [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN [X] AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a) Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY '04 $ 417,000
b. FFY '05 $ 2.5 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-C, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-C, Page 1
Illinois (04-13)
approved: 11/02/04
effective: 08/01/04

10. SUBJECT OF AMENDMENT:
Payment policy for reserving beds in inpatient facilities

11. GOVERNOR'S REVIEW *(Check One)*
[ ] GOVERNOR'S OFFICE REPORTED NO COMMENT
[ ] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
[ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
[X] OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:

13. TYPED NAME: **Barry S. Maram**

14. TITLE: **Director of Public Aid**

15. DATE SUBMITTED

16. RETURN TO:
Illinois Department of Public Aid
Bureau of Program and Reimbursement Analysis
Attn: Frank Kopel, Chief
201 South Grand Avenue East
Springfield, IL 62763-0001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 20, 2004

18. DATE APPROVED: 11/02/04

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
08/01/04

20. SIGNATURE OF REGIONAL OFFICIAL:
Cheryl A Harris

21. TYPED NAME Cheryl A. Harris

22. TITLE: Associate Regional Administrator, Div. of Medicaid & Children's Health

23. REMARKS:

State Illinois

PAYMENT POLICY FOR RESERVING BEDS IN INPATIENT FACILITIES

07/02 Bed reserve is allowed for all Medicaid group care residents of nursing facilities as follows:

08/04 Payment for bed reserve is allowed for hospitalization and home visits. All bed reserve requests must:

- be authorized by a physician;
- be limited to residents who desire to return to the same facility; and
- be limited to facilities that have a 93 percent or higher occupancy level and of that occupancy level, 90 percent or higher shall be Medicaid-eligible.

08/04 Payment for bed reserve is allowed for resident hospitalization not exceeding ten (10) days per hospital stay. The day the resident is transferred to the hospital is the first day of the reserve period.

07/02 Payment for bed reserve is allowed for a home visit when a physician indicates the home visit is therapeutically beneficial for the resident. Bed reserve is limited to seven (7) consecutive days in a calendar month or ten (10) nonconsecutive days within a calendar month. Home visits may be extended with the approval of the Department.

Bed reserve days for home visits are computed on a midnight basis. If a resident is in the facility any part of the day, it is not counted as a bed reserve day and the facility will receive the resident's current Medicaid per diem.

07/02 Payment for approved bed reserve is a daily rate of 75 percent of a resident's current Medicaid per diem.

In no facility is the number of vacant beds to be less than the number of beds identified for residents allowed bed reserve. The number of vacant beds in the facility must be equal to or greater than the number of residents allowed bed reserve.